Complete and se	and this form, toget	PART E		Mai Com P.O. Alex		Patents			
INSTRUCTIONS This above private Add For ther	form should be used correspondence including below or directed of	for transmitting the ISSI on the Patent, advance of the patent, advance of the patents in Block 1, by (a	UE FEE and PUBLIC rders and notification a) specifying a new c	CATIC of ma corresp	ON FEE (if requir aintenance fees wi condence address;	ed). Bloc ill be mail and/or (b)	cs 1 through 5 sho ed to the current co indicating a separa	uld be comportespondent te "FEE AD	pleted where e address as DRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B		Note: A certificate of mailing can only be used for domestic mailings of th Fec(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.					nilings of the	
F. CHAU & A 130 WOODBUI WOODBURY,	SSOCIATES, LL RY ROAD	C		I here States addre transr	by certify that this Postal Service wi	s Fce(s) Ti	Mailing or Transmit ransmittal is being d nt postage for first of JE FEE address ab 73-2885, on the date	leposited wit	h the United an envelope ng facsimile clow.
01/05/2007 HDERESS	2 00000043 10817291			F	rank Chau	·-···		(D	epositor's name)
01 FC:1501 1400.00 GP 02 FC:1504 300.00 GP 03 FC:8001 3.00 GP				D	ecember 29	, 2006	<u> </u>		(Signature)
! APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	NTOR		ATTORNE	Y DOCKET NO.	CONFIRMA	FION NO.
NNERMOST PERIME	TER OF AN OPTICAL	YSTEM AND METHO DISC USING TRACK IN	VFORMATION	· 			TICAL PICKUP 1	TO AN	,
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE T	OTAL FEE(S) DUE	<u> </u>	E DUE
nonprovisional	NO	\$1400	\$300		\$0		\$1700	03/06	5/2007 ·
EXAMINER ART UNIT HINDI, NABIL Z 2627			CLASS-SUBCLASS	s	,				
HINDI, I	369-044110 2. For printing on the patent front page, list								
CFR 1.363). Change of corresp Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-03-03-05-05-05-05-05-05-05-05-05-05-05-05-05-	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. IE. Chau & ASSOCIATES,								
3. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print	or type	:)				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI		ified below, no assignee pletion of this form is NO	data will appear on to T a substitute for filin (B) RESIDENCE: (6					ument has b	een filed for
_	Electronies (Co., Ltd.			of Korea		e other private arrays	. antini 🗖	Covernment
4a. The following fcc(s)			· · · · · · · · · · · · · · · · · · ·			•		•	· · · · · ·
Issue Fee	No small entity discount		b. Payment of Fee(s): A check is enclosed. Payment by cred. The Director is hoverpayment, to	sed. lit card	. Form PTO-2038	is attached	i.	ciency or cr	odit anv
	ntus (from status indicate		☐ b. Applicant is no				· · · · · · · · · · · · · · · · · · ·		
NOTE: The Issue Fee ar	nd Publication Fee (if req records of the United Sta	uired) will not be accepte	ed from anyone other t	han the	e applicant; a regis	tered attor	ney or agent; or the	assignee or o	other party in
Authorized Signature	Jo				Date Dec	ember	29, 2006		
Typed or printed name Frank Chau			Registration No. 34,136						
This collection of inform	nation is required by 37 (CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR	on is required to obtain 1.14. This collection by depending upon the Chief Information COMPLETED FORM	n or re is estin individual Officer	tain a hanafit hu th	o public u	high is to file (and h	y the USPTogathering, post you require ment of Cor	O to process) reparing, and to complete nmerce, P.O

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.